

**Form I-485, Application to Register  
Permanent Residence or Adjust Status****Purpose of This Form.**

This form is used by a person who is in the United States to apply to the Immigration and Naturalization Service (INS) to adjust to permanent resident status or register for permanent residence. It may also be used by certain Cuban nationals to request a change in the date their permanent residence began.

**Who May File.**

**Based on an immigrant petition.** You may apply to adjust your status if:

- an immigrant visa number is immediately available to you based on an approved immigrant petition; or
- you are filing this application with a complete relative, special immigrant juvenile or special immigrant military petition, which if approved, would make an immigrant visa number immediately available to you.

**Based on being the spouse or child (derivative) at the time another adjustment applicant (principal) files to adjust status or at the time a person is granted permanent resident status in an immigrant category that allows derivative status for spouses and children.**

- **If the spouse or child is in the United States**, the individual derivatives may file their Form I-485 adjustment of status applications concurrently with the Form I-485 for the principal beneficiary, or file the Form I-485 at anytime after the principal is approved, if a visa number is available.
- **If the spouse or child is residing abroad**, the person adjusting status in the United States should file the **Form I-824, Application for Action on an Approved Application or Petition**, concurrently with the principal's adjustment of status application to allow the derivatives to immigrate to the United States without delay, if the principal's adjustment of status application is approved. **No I-824 fee will be refunded if the principal's adjustment is not granted.**

**Based on admission as the fiancé(e) of a U. S. citizen and subsequent marriage to that citizen.** You may apply to adjust status if you were admitted to the U. S. as the K-1 fiancé(e) of a U. S. citizen and you married that citizen within 90 days of your entry. If you were admitted as the K-2 child of such a fiancé(e), you may apply based on your parent's adjustment application.

**Based on asylum status.** You may apply to adjust status if you have been granted asylum in the U. S. after being physically present in the U. S. for one year after the grant of asylum, if you still qualify as an asylee or as the spouse or child of a refugee.

**Based on Cuban citizenship or nationality.** You may apply to adjust status if:

- you are a native or citizen of Cuba, were admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year; or
- you are the spouse or unmarried child of a Cuban described above, and regardless of your nationality, you were admitted or paroled after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.

**Based on continuous residence since before January 1, 1972.** You may apply for permanent residence if you have continuously resided in the U.S. since before January 1, 1972.

**Applying to change the date your permanent residence began.** If you were granted permanent residence in the U. S. prior to November 6, 1966, and are a native or citizen of Cuba, his or her spouse or unmarried minor child, you may ask to change the date your lawful permanent residence began to your date of arrival in the U. S. or May 2, 1964, whichever is later.

**Other basis of eligibility.** If you are not included in the above categories, but believe you may be eligible for adjustment or creation of record of permanent residence, contact your local INS office.

**Persons Who Are Ineligible.**

Unless you are applying for creation of record based on continuous residence since before January 1, 1972, or adjustment of status under a category in which special rules apply (such as asylum adjustment, Cuban adjustment, special immigrant juvenile adjustment or special immigrant military personnel adjustment), **you are not eligible for adjustment of status if any of the following apply to you:**

- you entered the U.S. in transit without a visa;
- you entered the U.S. as a nonimmigrant crewman;
- you were not admitted or paroled following inspection by an immigration officer;
- your authorized stay expired before you filed this application; you were employed in the U.S. prior to filing this application, without INS authorization; or you otherwise failed to maintain your nonimmigrant status, other than through no fault of your own or for technical reasons, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old), a K-1 fiancé(e) or K-2 fiancé(e) dependent who married the U.S. petitioner within 90 days of admission or an "H" or "I" or special

immigrant (foreign medical graduates, international organization employees or their derivative family members);

- you are or were a J-1 or J-2 exchange visitor, are subject to the two-year foreign residence requirement and have not complied with or been granted a waiver of the requirement;
- you have an A, E or G nonimmigrant status, or have an occupation which would allow you to have this status, unless you complete Form I-508 (I-508F for French nationals) to waive diplomatic rights, privileges and immunities, and if you are an A or G nonimmigrant, unless you submit a complete Form I-566;
- you were admitted to Guam as a visitor under the Guam visa waiver program;
- you were admitted to the U.S. as a visitor under the Visa Waiver Pilot Program, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old);
- you are already a conditional permanent resident;
- you were admitted as a K-1 fiancé(e) but did not marry the U.S. citizen who filed the petition for you, or were admitted as the K-2 child of a fiancé(e) and your parent did not marry the U.S. citizen who filed the petition.

**General Filing Instructions.**

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If the answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. You must file your application with the required **Initial Evidence** described below, beginning on this page. Your application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign your application.

**Translations.** Any foreign language document must be accompanied by a full English translation which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate the foreign language into English.

**Copies.** If these instructions state that a copy of a document may be filed with this application, and you choose to send us the original, we may keep the original for our records.

**Initial Evidence.**

You must file your application with the following evidence:

- **Birth certificate.** Submit a copy of your foreign birth certificate or other record of your birth that meets the provisions of secondary evidence found in 8 CFR 103.2(b)(2).
- **Copy of passport page with nonimmigrant visa.** If you have obtained a nonimmigrant visa(s) from an American consulate abroad within the last year, submit a photocopy(ies) of the page(s) of your passport with the visa(s).
- **Photos.** Submit two (2) identical natural color photographs of yourself, taken within 30 days of the application. Photos must have a white background, be unmounted, printed on thin paper and be glossy and unretouched. They must show a three-quarter frontal profile showing the right side of your face, with your right ear visible and with your head bare. You may wear a headdress if required by a religious order of which you are a member. The photos must be no larger than 2 X 2 inches, with the distance from the top of the head to just below the chin about 1 and 1/4 inches. Lightly print your A# (or your name if you have no A#) on the back of each photo, using a pencil.
- **Fingerprints.** If you are between the ages of 14 and 75, you must be fingerprinted. After filing this application, INS will notify you in writing of the time and location where you must go to be fingerprinted. Failure to appear to be fingerprinted may result in denial of your application.
- **Police clearances.** If you are filing for adjustment of status as a member of a special class described in an I-485 supplement form, please read the instructions on the supplement form to see if you need to obtain and submit police clearances, in addition to the required fingerprints, with your application.
- **Medical examination (Section 232 of the Act).** When required, submit a medical examination report on the form you have obtained from INS.

- **A. Individuals applying for adjustment of status through the INS Service Center:** 1) **General:** If you are filing your adjustment of status application with the INS Service Center, include your medical exam report with the application, unless you are a refugee or asylee. 2) **Refugees:** If you are applying for adjustment of status one year after you were admitted as a refugee, you only need to submit a vaccination supplement with your adjustment of status application, not the entire medical report, **unless** there were medical grounds of inadmissibility that arose during the initial exam you had overseas.
  - **B. Individuals applying for adjustment of status through the local INS office and asylees applying for adjustment of status through the Service Center:** If you are filing your adjustment of status application with the local INS office, or if you are an asylee filing an adjustment of status application with the Service Center, one year after you were granted asylum, do not submit a medical report with your adjustment of status application. Wait for further instructions from INS about how and where to take the medical exam and submit the medical exam report.
  - **Fiance(e)s:** If you are a K-1 fiance(e) or K-2 dependent who had a medical exam within the past year as required for the nonimmigrant fiance (e) visa, you only need to submit a vaccination supplement, not the entire medical report. You may include the vaccination supplement with your adjustment of status application.
  - **Individuals not required to have a medical exam:** The medical report is not required if you are applying for creation of a record for admission as a lawful permanent resident under section 249 of the Act as someone who has continuously resided in the United States since January 1, 1972 (registry applicant).
  - **Form G-325A, Biographic Information Sheet.** You must submit a completed G-325A if you are between 14 and 79 years of age.
  - **Evidence of status.** Submit a copy of your Form I-94, Nonimmigrant Arrival/Departure Record, showing your admission to the U.S. and current status, or other evidence of your status.
  - **Affidavit of Support/Employment Letter.**
    - **Affidavit of Support.** Submit the Affidavit of Support (Form I-864) if your adjustment of status application is based on your entry as a fiance(e), or a relative visa petition (Form I-130) filed by your relative or on an employment based visa petition (Form I-140) based on a business that is five percent or more owned by your family.
    - **Employment Letter.** If your adjustment of status application is based on an employment based visa petition (Form I-140), you must submit a letter on the letterhead of the petitioning employer which confirms that the job on which the visa petition is based is still available to you. The letter must also state the salary that will be paid.
- (Note: The affidavit of support and/or employment letter are not required if you applying for creation of record based on continuous residence since before January 1, 1972, asylum adjustment, or a Cuban or a spouse or unmarried child of a Cuban who was admitted after January 1, 1959.)
- **Evidence of eligibility.**
    - **Based on an immigrant petition.** Attach a copy of the approval notice for an immigrant petition which makes a visa number immediately available to you, or submit a complete relative, special immigrant juvenile or special immigrant military petition which, if approved, will make a visa number immediately available to you.
    - **Based on admission as the K-1 fiance(e) of a U.S. citizen and subsequent marriage to that citizen.** Attach a copy of the fiance(e) petition approval notice, a copy of your marriage certificate and your Form I-94.
    - **Based on asylum status.** Attach a copy of the letter or Form I-94 which shows the date you were granted asylum.
    - **Based on continuous residence in the U.S. since before January 1, 1972.** Attach copies of evidence that shows continuous residence since before January 1, 1972.
    - **Based on Cuban citizenship or nationality.** Attach evidence of your citizenship or nationality, such as a copy of your passport, birth certificate or travel document.
  - **Based on derivative status as the spouse or child of another adjustment applicant or person granted permanent residence based on issuance of an immigrant visa.** File your application with the application of that other applicant, or with evidence that it is pending with the Service or has been approved, or evidence that your spouse or parent has been granted permanent residence based on an immigrant visa and:
    - If you are applying as the spouse of that person, also attach a copy of your marriage certificate and copies of documents showing the legal termination of all other marriages by you and your spouse;
    - If you are applying as the child of that person, also attach a copy of your birth certificate, and if the other person is not your natural mother, copies of evidence (such as a marriage certificate and documents showing the legal termination of all other marriages and an adoption decree) to demonstrate that you qualify as his or her child.
  - **Other basis for eligibility.** Attach copies of documents proving that you are eligible for the classification.
- Where to File.**  
File this application at the INS office having jurisdiction over your place of residence.
- Fee.** The fee for this application is **\$220**, except that it is **\$160** if you are less than 14 years old. There is no application fee if you are filing as a refugee under section 209(a) of the Act. If you are between the ages of 14 and 75, there is a \$25 fingerprinting fee in addition to the application fee. For example, if your application fee is \$220 and you are between the ages of 14 and 75, the total fee you must pay is \$245. You may submit one check or money order for both the application and fingerprinting fees. Fees must be submitted in the exact amount. **DO NOT MAIL CASH.** Fees cannot be refunded. All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:
- if you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
  - if you live in the U.S. Virgin Islands and are filing this application in the U.S. Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."
- Checks are accepted subject to collection. An uncollected check in payment of an application fee will render the application and any document issued invalid. A charge of \$30 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.
- Processing Information.**
- Acceptance.** Any application that is not signed, or is not accompanied by the correct application fee, will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An application is not considered properly filed until accepted by the INS.
- Initial Processing.** Once an application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.
- Requests for More Information.** We may request more information or evidence. We may also request that you submit the originals of any copy. We may return these originals when they are no longer required.
- Interview.** After you file your application you will be notified to appear at an INS office to answer questions about the application. You will be required to answer these questions under oath or affirmation. You must bring your Arrival-Departure Record (Form I-94) and any passport to the interview.
- Decision.** You will be notified in writing of the decision on your application.
- Selective Service Registration.** If you are a male at least 18 years old, but not yet 26 years old, and required according to the Military Selective Service Act to register with the Selective Service System, the INS will help you register. When your signed application is filed and accepted by the INS, we will transmit your name, current address, Social Security number, date of birth and the date you filed the application to the Selective Service to record your registration as of the filing date. If the INS does not accept your application, and if still so required, you are responsible to register with the Selective Service by other means, provided you are under 26 years of age. If you have already registered, the Selective Service will check its records to avoid any duplication. **(Note: men 18 through 25 years old, who are applying for student financial aid, government employment or job training benefits should register directly with the Selective Service or such benefits may be denied. Men can register at a local post office or on the Internet at <http://www.sss.gov>).**

**Travel Outside the U.S. for Adjustment of Status Applicants Under Sections 209 and 245 of the Act and Registry Applicants Under Section 249 of the Act.** Your departure from the U.S. (including brief visits to Canada or Mexico) constitutes an abandonment of your adjustment of status application, unless you are granted permission to depart and you are inspected upon your return to the U.S. Such permission to travel is called "advance parole." To request advance parole, you must file Form I-131, with fee, with the INS office where you applied for adjustment of status.

- **Exceptions: 1) H and L nonimmigrants:** If you are an H or L nonimmigrant who continues to maintain his or her status, you may travel on a valid H or L visa without obtaining advance parole.
- 2) Refugees and Asylees:** If you are applying for adjustment of status one year after you were admitted as a refugee or one year after you were granted asylum, you may travel outside the United States on your valid refugee travel document, if you have one, without the need to obtain advance parole.
- **WARNING:** Travel outside of the U.S. may trigger the 3-and 10-year bars to admission under section 212(a)(9)(B)(i) of the Act for adjustment applicants, but not registry applicants. This ground of inadmissibility is triggered if you were unlawfully present in the U.S. (i.e., you remained in the United States beyond the period of stay authorized by the Attorney General) for more than 180 days before you applied for adjustment of status, and you travel outside of the U.S. while your adjustment of status application is pending. **(Note:** Only unlawful presence that accrued on or after April 1, 1997, counts towards the 3-and 10-year bars under section 212 (a)(9) (B)(i) of the Act.)
- If you become inadmissible under section 212(a)(9)(B)(i) of the Act while your adjustment of status application is pending, you will need a waiver of inadmissibility under section 212(a)(9)(B)(v) of the Act before your adjustment of status application can be approved. This waiver, however, is granted on a case-by-case basis and in the exercise of discretion. It requires a showing of extreme hardship to your U.S. citizen or lawful permanent resident spouse or parent, unless you are a refugee or asylee. For refugees and asylees, the waiver may be granted for humanitarian reasons, to assure family unity or if it is otherwise in the public interest.

**Penalties.** If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

**Privacy Act Notice.** We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1255 and 1259. We may provide this information to other government agencies, including the Selective Service System. Your failure to provide this information on this form and any requested evidence may delay a final decision or result in denial of your application.

**Paperwork Reduction Act Notice.** A person is not required to respond to a collection of information unless it displays a current valid OMB number. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is computed as follows: (1 ) 20 minutes to learn about the law and form; (2) 25 minutes to complete the form and (3) 270 minutes to assemble and file the application, including the required interview and travel time -- for a total estimated average of 5 hours and 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions to make this form simpler, you should write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536; OMB No. 1115-0053. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

U.S. Department of Justice  
Immigration and Naturalization Service

# Form I-485, Application to Register Permanent Resident or Adjust Status

## START HERE - Please Type or Print

### Part 1. Information About You.

Family Name	Given Name	Middle Initial
Address - C/O		
Street Number and Name		Apt. #
City		
State		Zip Code
Date of Birth (month/day/year)		Country of Birth
Social Security #		A # (if any)
Date of Last Arrival (month/day/year)		I-94 #
Current INS Status		Expires on (month/day/year)

### Part 2. Application Type. (check one)

#### I am applying for an adjustment to permanent resident status because:

- a. ☐ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice-- or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e). [Attach a copy of the fiance(e) petition approval notice and the marriage certificate.]
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

### FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	
<b>Section of Law</b> <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
<b>Country Chargeable</b>	
<b>Eligibility Under Sec. 245</b> Approved Visa Petition Dependent of Principal Alien Special Immigrant Other _____	
<b>Preference</b>	
<b>Action Block</b>	
<b>To be Completed by Attorney or Representative, if any</b> <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. VOLAG # _____	
ATTY State License # _____	

Continued on back

Part 3. Processing Information.

A. City/Town/Village of Birth		Current Occupation	
Your Mother's First Name		Your Father's First Name	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94)			
Place of Last Entry Into the U.S. (City/State)		In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.)	
Were you inspected by a U.S. Immigration Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number		Consulate Where Visa Was Issued	
Date Visa Was Issued (month/day/year)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition.			

B. List your present husband/wife and all your sons and daughters. (If you have none, write "none." If additional space is needed, use a separate piece of paper.)

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.


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## Part 3. Processing Information. *(Continued)*

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Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U. S.:
  - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☐ No
  - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
  - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
  - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? ☐ Yes ☐ No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
3. Have you ever:
  - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☐ No
  - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
  - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? ☐ Yes ☐ No
  - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
5. Do you intend to engage in the U.S. in:
  - a. espionage? ☐ Yes ☐ No
  - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
  - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? ☐ Yes ☐ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☐ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit? ☐ Yes ☐ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver? ☐ Yes ☐ No
13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child? ☐ Yes ☐ No
14. Do you plan to practice polygamy in the U.S.? ☐ Yes ☐ No

**Part 4. Signature.** *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

**Selective Service Registration.** The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
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**Please Note:** *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.*

**Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)**

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
------------------	------------------------	-------------	-----------------------------

*Firm Name  
and Address*

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT:**      **BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)



(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
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<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

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COMPLETE THIS BOX (Family name)				(Given name)		(Middle name)		(Alien registration number)	
(OTHER AGENCY USE)								INS USE (Office of Origin)	
								OFFICE CODE:	
								TYPE OF CASE:	
								DATE:	

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
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<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

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COMPLETE THIS BOX (Family name)				(Given name)		(Middle name)		(Alien registration number)	
(OTHER AGENCY USE)								INS USE (Office of Origin)	
								OFFICE CODE:	
								TYPE OF CASE:	
								DATE:	

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
FAMILY NAME      FIRST NAME      DATE, CITY AND COUNTRY OF BIRTH (If known)      CITY AND COUNTRY OF RESIDENCE FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
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APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
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Show below last occupation abroad if not shown above. (Include all information requested above.)						
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<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

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COMPLETE THIS BOX (Family name)				(Given name)		(Middle name)		(Alien registration number)	
(OTHER AGENCY USE)								INS USE (Office of Origin)	
								OFFICE CODE:	
								TYPE OF CASE:	
								DATE:	

Instructions

Read the instructions carefully. If you do not follow the instructions, we may have to return your petition, which may delay final action. If more space is needed to complete an answer continue on separate sheet of paper.

1. Who can file?

A citizen or lawful permanent resident of the United States can file this form to establish the relationship of certain alien relatives who may wish to immigrate to the United States. You must file a separate form for each eligible relative.

2. For whom can you file?

A. If you are a citizen, you may file this form for:

- 1) your husband, wife, or unmarried child under 21 years old
- 2) your unmarried child over 21, or married child of any age
- 3) your brother or sister if you are at least 21 years old
- 4) your parent if you are at least 21 years

B. If you are a lawful permanent resident you may file this form for:

- 1) your husband or wife
- 2) your unmarried child

**Note:** If your relative qualifies under instruction A(2) or A(3) above, separate petitions are not required for his or her husband or wife or unmarried children under 21 years old. If your relative qualifies under instruction B(2) above, separate petitions are not required for his or her unmarried children under 21 years old. These persons will be able to apply for the same type of immigrant visa as your relative.

3. For whom can you not file?

You cannot file for people in the following categories:

- A. An adoptive parent or adopted child, if the adoption took place after the child became 16 years old, or if the child has not been in the legal custody and living with the parent(s) for at least two years.
- B. A natural parent if the United States citizen son or daughter gained permanent residence through adoption.
- C. A stepparent or stepchild, if the marriage that created this relationship took place after the child became 18 years old.
- D. A husband or wife, if your were not both physically present at the marriage ceremony, and the marriage was not consummated.
- E. A husband or wife if you gained lawful permanent resident status by virtue of a prior marriage to a United States citizen or lawful permanent resident unless:
  - 1) a period of five years has elapsed since you became a lawful permanent resident; OR
  - 2) you can establish by clear and convincing evidence that the prior marriage (through which you gained your immigrant status) was not entered into for the purpose of evading any provision of the immigration laws; OR
  - 3) your prior marriage (through which you gained your immigrant status) was terminated by the death of your former spouse.
- F. A husband or wife if he or she was in exclusion, deportation, rescission, or judicial proceedings regarding his or her right to remain in the United States when the marriage took place, unless such spouse has resided outside the United States for a two-year period after the date of the marriage.
- G. A husband or wife if the Attorney General has determined that such an alien has attempted or conspired to enter into a marriage for the purpose of evading the immigration laws.
- H. A grandparent, grandchild, nephew, niece, uncle, aunt, cousin, or in-law.

4. What documents do you need?

You must give INS certain documents with this form to prove you are eligible to file. You must also give the INS certain documents to prove the family relations between you and your relative.

A. For each document needed, give INS the original and one copy. However, because it is against the law to copy a Certificate of Naturalization, a Certificate of Citizenship or an Alien Registration Receipt Card (Form I-151 or I-551) give INS the original only. **Originals will be returned to you.**

B. If you do not wish to give INS the original document, you may give INS a copy. The copy must be certified by:

- 1) an INS or U.S. consular officer, or
- 2) an attorney admitted to practice law in the United States, or
- 3) an INS accredited representative (INS may still require originals).

C. Documents in a foreign language must be accompanied by a complete English translation. The translator must certify that the translation is accurate and that he or she is competent to translate.

5. What documents do you need to show you are a United States citizen?

- A. If you were born in the United States, give INS your birth certificate.
- B. If you were naturalized, give INS your original Certificate of Naturalization.
- C. If you were born outside the United States, and you are a U.S. citizen through your parents, give INS:
  - 1) your original Certificate of Citizenship, or
  - 2) your Form FS- 240 (Report of Birth Abroad of a United States Citizen).
- D. In place of any of the above, you may give INS your valid unexpired U.S. passport that was initially issued for at least 5 years.
- E. If you do not have any of the above and were born in the United States, see instruction under 8 below. *"What if a document is not available?"*

6. What documents do you need to show you are a permanent resident?

You must give INS your alien registration receipt card (Form I-151 or Form I-551). Do not give INS a photocopy of the card.

7. What documents do you need to prove family relationship?

You have to prove that there is a family relationship between your relative and yourself.

In any case where a marriage certificate is required, if either the husband or wife was married before, you must give INS documents to show that all previous marriages were legally ended. In cases where the names shown on the supporting documents have changed, give INS legal documents to show how the name change occurred (for example a marriage certificate, adoption decree, court order, etc.)

Find the paragraph in the following list that applies to the relative for whom you are filing.

If you are filing for your:

- A. **husband or wife**, give INS
  - 1) your marriage certificate
  - 2) a color photo of you and one of your husband or wife, taken within 30 days of the date of this petition. These photos must have a white background. They must be glossy, unretouched, and not mounted. The dimension of the facial image should be about 1 inch from chin to top of hair in 3/4 frontal view, showing the right side of the face with the right ear visible. Using pencil or felt pen, lightly print name (and Alien Registration Number, if known) on the back of each photograph.
  - 3) a completed and signed G-325A (Biographic Information) for you and one for your husband or wife. Except for name and signature, you do not have to repeat on the G-325A the information given on your I-130 petition.
- B. **child** and you are the **mother**, give the child's birth certificate showing your name and the name of your child.
- C. **child** and you are the **father or stepparent**, give the child's birth certificate showing both parents' names and your marriage certificate. **Child** born out of wedlock and you are the **father**, give proof that a parent/child relationship exists or existed. For example, the child's birth certificate showing your name and evidence that you have financially supported the child. (A blood test may be necessary).
- D. **brother or sister**, your birth certificate and the birth certificate of your brother or sister showing both parents' names. If you do not have the same mother, you must also give the marriage certificates of your father to both mothers.
- E. **mother**, give your birth certificate showing your name and the name of your mother.
- F. **father**, give your birth certificate showing the names of both parents and your parents' marriage certificate.
- G. **stepparent**, give your birth certificate showing the names of both natural parents and the marriage certificate of your parent to your stepparent.
- H. **adoptive parent or adopted child**, give a certified copy of the adoption decree, the legal custody decree if you obtained custody of the child before adoption, and a statement showing the dates and places you have lived together with the child.

**8. What if a document is not available?**

If the documents needed above are not available, you can give INS the following instead. (INS may require a statement from the appropriate civil authority certifying that the needed document is not available.)

- A. Church record: A certificate under the seal of the church where the baptism, dedication, or comparable rite occurred within two months after birth, showing the date and place of child's birth, date of the religious ceremony, and the names of the child's parents.
- B. School record: A letter from the authorities of the school attended (preferably the first school), showing the date of admission to the school, child's date and place of birth, and the names and places of birth parents, if shown in the school records.
- C. Census record: State or federal census record showing the names, place of birth, and date of birth or the age of the person listed.
- D. Affidavits: Written statements sworn to or affirmed by two persons who were living at the time and who have personal knowledge of the event you are trying to prove; for example, the date and place of birth, marriage, or death. The persons making the affidavits need not be citizens of the United States. Each affidavit should contain the following information regarding the person making the affidavit his or her full name, address, date and place of birth, and his or her relationship to you, if any; full information concerning the event; and complete details concerning how the person acquired knowledge of the event.

**9. How should you prepare this form?**

- A. Type or print legibly in ink.
- B. If you need extra space to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.
- C. Answer all questions fully and accurately. If any item does not apply, please write "N/A".

**10. Where should you file this form?**

- A. If you live in the United States, send or take the form to the INS office that has jurisdiction over where you live.
- B. If you live outside the United States, contact the nearest American Consulate to find out where to send or take the completed form.

**11. What is the fee?**

You must pay one hundred ten dollars (\$110.00) to file this form. **The fee will not be refunded, whether the petition is approved or not. DO NOT MAIL CASH.** All checks or money orders, whether U.S. or foreign, must be payable in U.S. currency at a financial institution in the United States. When a check is drawn on the account of a person other than yourself, write your name on the face of the check. If the check is not honored, INS will charge you \$30.00.

Pay by check or money order in the exact amount. Make the check Or money order payable to "Immigration and Naturalization Service". However,

- A. if you live in Guam: Make the check or money order payable to Treasurer, Guam", or
- B. if you live in the U.S. Virgin Islands: Make the check or money order payable to "Commissioner of Finance of the Virgin Islands".

**12. When will a visa become available?**

When a petition is approved for the husband, wife, parent, or unmarried minor child of a United States citizen, these relatives do not have to wait for a visa number, as they are not subject to the immigrant visa limit. However, for a child to qualify for this category, all processing must be completed and the child must enter the United States before his or her 21st birthday.

For all other alien relatives there are only a limited number of immigrant visas each year. The visas are given out in the order in which INS receives properly filed petitions. To be considered properly filed, a petition must be completed accurately and signed, the required documents must be attached, and the fee must be paid.

For a monthly update on the dates for which immigrant visas are available, you may call (202) 647-0508.

**13. What are the penalties for committing marriage fraud or submitting false information or both?**

Title 8, United States Code, Section 1325 states that any individual who knowingly enters into a marriage contract for the purpose of evading any provision of the immigration laws shall be imprisoned for not more than five years, or fined not more than \$250,000.00 or both.

Title 18, United States Code, Section 1001 states that whoever willfully and knowingly falsifies a material fact, makes a false statement, or makes use of a false document will be fined up to \$10,000 or imprisoned up to five years, or both.

**14. What is our authority for collecting this information?**

We request the information on the form to carry out the immigration laws contained in Title 8, United States Code, Section 1154(a). We need this information to determine whether a person is eligible for immigration benefits. The information you provide may also be disclosed to other federal, state, local, and foreign law enforcement and regulatory agencies during the course of the investigation required by this Service. You do not have to give this information. However, if you refuse to give some or all of it, your petition may be denied.

**15. Reporting Burden.**

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service (Room 5307), Washington, D.C. 20536; OMB No.1115-0054. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

**It is not possible to cover all the conditions for eligibility or to give instructions for every situation. If you have carefully read all the instructions and still have questions, please contact your nearest INS office.**

DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	Fee Stamp
A#		
G-28 or Volag #		
Section of Law: <input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 201 (b) parent AM CON: _____	<input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)	Petition was filed on: _____ (priority date) <input type="checkbox"/> Personal Interview <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. "A" File Reviewed <input type="checkbox"/> Field Investigations <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (h) Resolved
Remarks:		

A. Relationship

1. The alien relative is my ☐ Husband/Wife ☐ Parent ☐ Brother/Sister ☐ Child ☐ Yes ☐ No
2. Are you related by adoption? ☐ Yes ☐ No
3. Did you gain permanent residence through adoption? ☐ Yes ☐ No

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

(Town or City) (State/Country) (ZIP/Postal Code)

3. Place of Birth (Town or City) (State/Country)

4. Date of Birth (Mo/Day/Yr) 5. Sex ☐ Male ☐ Female 6. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

7. Other Names Used (including maiden name)

8. Date and Place of Present Marriage (if married)

9. Social Security Number 10. Alien Registration Number (if any)

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

(Town or City) (State/Country) (ZIP/Postal Code)

3. Place of Birth (Town or City) (State/Country)

4. Date of Birth (Mo/Day/Yr) 5. Sex ☐ Male ☐ Female 6. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced

7. Other Names Used (including maiden name)

8. Date and Place of Present Marriage (if married)

9. Social Security Number 10. Alien Registration Number (if any)

11. Names of Prior Husbands/Wives 12. Date(s) Marriages(s) Ended

13. If you are a U.S. citizen, complete the following:

- My citizenship was acquired through (check one)
- ☐ Birth in the U.S.
- ☐ Naturalization (Give number of certificate, date and place it was issued)
- ☐ Parents
- Have you obtained a certificate of citizenship in your own name?
- ☐ Yes ☐ No
- If "Yes", give number of certificate, date and place it was issued

14a. If you are a lawful permanent resident alien, complete the following:

Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission:

14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident? ☐ Yes ☐ No

13. Has your relative ever been in the U.S.?

- ☐ Yes ☐ No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)

Arrival/Departure Record (I-94) Number Date arrived (Month/Day/Year)

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Date authorized stay expired, or will expire, as shown on Form I-94 or I-95

15. Name and address of present employer (if any)

Date this employment began (Month/Day/Year)

16. Has your relative ever been under immigration proceedings?

- ☐ Yes ☐ No Where \_\_\_\_\_ When \_\_\_\_\_
- ☐ Exclusion ☐ Deportation ☐ Recission ☐ Judicial Proceedings

INITIAL RECEIPT	RESUBMITTED	RELOCATED		COMPLETED		
		Rec'd	Sent	Approved	Denied	Returned

### C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).

(Name) (Relationship) (Date of Birth) (Country of Birth)

17. Address in the United States where your relative intends to live

(Number and Street)

(Town or City)

(State)

18. Your relative's address abroad

(Number and Street)

(Town or City)

(Province)

(Country)

(Phone Number)

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

(Name)

(Number and Street)

Town or City

(Province)

(Country)

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)

(Number and Street)

(Town or City)

(Province)

(Country)

From  
(Month)

(Year)

To

(Month)

(Year)

21. Check the appropriate box below and give the information required for the box you checked:

☐ Your relative will apply for a visa abroad at the American Consulate in \_\_\_\_\_  
(City) (Country)

☐ Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at \_\_\_\_\_. If your relative is not eligible for adjustment of status, he or she will

(City)

(State)

apply for a visa abroad at the American Consulate in \_\_\_\_\_  
(City) (Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate.

Acceptance is at the discretion of the designated consulate.)

### D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

2. Have you ever filed a petition for this or any other alien before?

☐ Yes

☐ No

If "Yes," give name, place and date of filing, and result.

**Warning:** The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

**Penalties:** You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**Signature of Person Preparing Form if Other than Above**

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ (Address) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

G-28 ID Number \_\_\_\_\_

Volag Number \_\_\_\_\_

## NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

**Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.**

**NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.**

1. Name of relative (Family name in CAPS) (First) (Middle)

2. Other names used by relative (Including maiden name)

3. Country of relative's birth 4. Date of relative's birth (Month/Day/Year)

5. Your name (Last name in CAPS) (First) (Middle) 6. Your phone number

Action Stamp

SECTION

DATE PETITION FILED

☐ 201 (b)(spouse)

☐ 201 (b)(child)

☐ 201 (b)(parent)

☐ 203 (a)(1)

☐ 203 (a)(2)

☐ 203 (a)(4)

☐ 203 (a)(5)

☐ STATESIDE

CRITERIA GRANTED

SENT TO CONSUL AT;

## CHECKLIST

**Have you answered each question?**

**Have you signed the petition?**

**Have you enclosed:**

- ☐ The filing fee for each petition?
- ☐ Proof of your citizenship or lawful permanent residence?
- ☐ All required supporting documents for each petition?

**If you are filing for your husband or wife have you included:**

- ☐ Your picture?
- ☐ His or her picture?
- ☐ Your G-325A?
- ☐ His or her G-325A?



**Affidavit of Support Under Section  
213A of the Act****INSTRUCTIONS*****Purpose of this Form***

This form is required to show that an intending immigrant has adequate means of financial support and is not likely to become a public charge.

***Sponsor's Obligation***

The person completing this affidavit is the sponsor. A sponsor's obligation continues until the sponsored immigrant becomes a U.S. citizen, can be credited with 40 qualifying quarters of work, departs the United States permanently, or dies. Divorce does not terminate the obligation. By executing this form, you, the sponsor, agree to support the intending immigrant and any spouse and/or children immigrating with him or her and to reimburse any government agency or private entity that provides these sponsored immigrants with Federal, State, or local means-tested public benefits.

***General Filing Instructions***

Please answer all questions by typing or clearly printing in black ink only. Indicate that an item is not applicable with "N/A". If an answer is "none," please so state. If you need extra space to answer any item, attach a sheet of paper with your name and Social Security number, and indicate the number of the item to which the answer refers.

You must submit an affidavit of support for each applicant for immigrant status. You may submit photocopies of this affidavit for any spouse or children immigrating with an immigrant you are sponsoring. For purposes of this form, a spouse or child is immigrating with an immigrant you are sponsoring if he or she is: 1) listed in Part 3 of this affidavit of support; and 2) applies for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally completed and signed. The signature on the affidavit must be notarized by a notary public or signed before an Immigration or a Consular officer.

You should give the completed affidavit of support with all required documentation to the sponsored immigrant for submission to either a Consular Officer with Form OF-230, Application for Immigrant Visa and Alien Registration, or an Immigration Officer with Form I-485, Application to Register Permanent Residence or Adjust Status. You may enclose the affidavit of support and accompanying documents in a sealed envelope to be opened only by the designated Government official. The sponsored immigrant must submit the affidavit of support to the Government within 6 months of its signature.

***Who Needs an Affidavit of Support under Section 213A?***

This affidavit must be filed at the time an intending immigrant is applying for an immigrant visa or adjustment of status. It is required for:

- All immediate relatives, including orphans, and family-based immigrants. (Self-petitioning widow/ers and battered spouses and children are exempt from this requirement); and
- Employment-based immigrants where a relative filed the immigrant visa petition or has a significant ownership interest (5 percent or more) in the entity that filed the petition.

***Who Completes an Affidavit of Support under Section 213A?***

- For immediate relatives and family-based immigrants, the family member petitioning for the intending immigrant must be the sponsor.
- For employment-based immigrants, the petitioning relative or a relative with a significant ownership interest (5 percent or more) in the petitioning entity must be the sponsor. The term "relative," for these purposes, is defined as husband, wife, father, mother, child, adult son or daughter, brother, or sister.
- If the petitioner cannot meet the income requirements, a joint sponsor may submit an additional affidavit of support.

A sponsor, or joint sponsor, must also be:

- A citizen or national of the United States or an alien lawfully admitted to the United States for permanent residence;
- At least 18 years of age; and
- Domiciled in the United States or its territories and possessions.

***Sponsor's Income Requirement***

As a sponsor, your household income must equal or exceed 125 percent of the Federal poverty line for your household size. For the purpose of the affidavit of support, household size includes yourself, all persons related to you by birth, marriage, or adoption living in your residence, your dependents, any immigrants you have previously sponsored using INS Form I-864 if that obligation has not terminated, and the intending immigrant(s) in Part 3 of this affidavit of support. The poverty guidelines are calculated and published annually by the Department of Health and Human Services. Sponsors who are on active duty in the U.S. Armed Forces other than for training need only demonstrate income at 100 percent of the poverty line *if* they are submitting this affidavit for the purpose of sponsoring their spouse or child.

If you are currently employed and have an *individual* income which meets or exceeds 125 percent of the Federal poverty line or (100 percent, if applicable) for your household size, you do not need to list the income of any other person. When determining your income, you may include the income generated by individuals related to you by birth, marriage, or

adoption who are living in your residence, if they have lived in your residence for the previous 6 months, or who are listed as dependents on your most recent Federal income tax return whether or not they live in your residence. For their income to be considered, these household members or dependents must be willing to make their income available for the support of the sponsored immigrant(s) if necessary, and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. However, a household member who is the immigrant you are sponsoring only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

If in any of the most recent 3 tax years, you and your spouse each reported income on a joint income tax return, but you want to use only your own income to qualify (and your spouse is not submitting a Form I-864A), you may provide a separate breakout of your individual income for these years. Your individual income will be based on the earnings from your W-2 forms, Wage and Tax Statement, submitted to IRS for any such years. If necessary to meet the income requirement, you may also submit evidence of other income listed on your tax returns which can be attributed to you. You must provide documentation of such reported income, including Forms 1099 sent by the payer, which show your name and Social Security number.

You must calculate your household size and total household income as indicated in Parts 4.C. and 4.D. of this form. You must compare your total household income with the minimum income requirement for your household size using the poverty guidelines. For the purposes of the affidavit of support, determination of your ability to meet the income requirements will be based on the most recent poverty guidelines published in the Federal Register at the time the Consular or Immigration Officer makes a decision on the intending immigrant's application for an immigrant visa or adjustment of status. Immigration and Consular Officers will begin to use updated poverty guidelines on the first day of the second month after the date the guidelines are published in the Federal Register.

If your total household income is equal to or higher than the minimum income requirement for your household size, you do not need to provide information on your assets, and you may *not* have a joint sponsor unless you are requested to do so by a Consular or Immigration Officer. If your total household income does not meet the minimum income requirement, the intending immigrant will be ineligible for an immigrant visa or adjustment of status, unless:

- You provide evidence of assets that meet the requirements outlined under "Evidence of Assets" below; and/or
- The immigrant you are sponsoring provides evidence of assets that meet the requirements under "Evidence of Assets" below; or
- A joint sponsor assumes the liability of the intending immigrant with you. A joint sponsor must execute a separate affidavit of support on behalf of the intending

immigrant and any accompanying family members. A joint sponsor must individually meet the minimum requirement of 125 percent of the poverty line based on his or her household size and income and/or assets, including any assets of the sponsored immigrant.

The Government may pursue verification of any information provided on or in support of this form, including employment, income, or assets with the employer, financial or other institutions, the Internal Revenue Service, or the Social Security Administration.

### ***Evidence of Income***

In order to complete this form you must submit the following evidence of income:

- A copy of your complete Federal income tax return, as filed with the Internal Revenue Service, for each of the most recent 3 tax years. If you were not required to file a tax return in any of the most recent 3 tax years, you must provide an explanation. If you filed a joint income tax return and are using only your own income to qualify, you must also submit copies of your W-2s for each of the most recent 3 tax years, and if necessary to meet the income requirement, evidence of other income reported on your tax returns, such as Forms 1099.
- If you rely on income of any members of your household or dependents in order to reach the minimum income requirement, copies of their Federal income tax returns for the most recent 3 tax years. These persons must each complete and sign a Form I-864A, Contract Between Sponsor and Household Member.
- Evidence of current employment or self-employment, such as a recent pay statement, or a statement from your employer on business stationery, showing beginning date of employment, type of work performed, and salary or wages paid. You must also provide evidence of current employment for any person whose income is used to qualify.

### ***Evidence of Assets***

If you want to use your assets, the assets of your household members or dependents, and/or the assets of the immigrant you are sponsoring to meet the minimum income requirement, you must provide evidence of assets with a cash value that equals at least five times the difference between your total household income and the minimum income requirement. For the assets of a household member, other than the immigrant(s) you are sponsoring, to be considered, the household member must complete and sign Form I-864A, Contract Between Sponsor and Household Member.

All assets must be supported with evidence to verify location, ownership, and value of each asset. Any liens and liabilities relating to the assets must be documented. List only assets that can be readily converted into cash within one year. Evidence of assets includes, but is not limited to the following:

- Bank statements covering the last 12 months, *or* a statement from an officer of the bank or other financial institution in which you have deposits, including deposit/withdrawal history for the last 12 months, and current balance;
- Evidence of ownership and value of stocks, bonds, and certificates of deposit, and date(s) acquired;
- Evidence of ownership and value of other personal property, and date(s) acquired; and
- Evidence of ownership and value of any real estate, and date(s) acquired.

### ***Change of Sponsor's Address***

You are required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3 to report every change of address to the Immigration and Naturalization Service and the State(s) in which the sponsored immigrant(s) reside(s). You must report changes of address to INS on Form I-865, Sponsor's Notice of Change of Address, within 30 days of any change of address. You must also report any change in your address to the State(s) in which the sponsored immigrant(s) live.

### ***Penalties***

If you include in this affidavit of support any material information that you know to be false, you may be liable for criminal prosecution under the laws of the United States.

If you fail to give notice of your change of address, as required by 8 U.S.C. 1183a(d) and 8 CFR 213a.3, you may be liable for the civil penalty established by 8 U.S.C. 1183a(d)(2). The amount of the civil penalty will depend on whether you failed to give this notice because you were aware that the immigrant(s) you sponsored had received Federal, State, or local means-tested public benefits.

### ***Privacy Act Notice***

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(4), 1183a, 1184(a), and 1258. The information will be used principally by the INS or by any Consular Officer to whom it is furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. Failure to provide the information will result in denial of the application for an immigrant visa or adjustment of status.

The information may also, as a matter of routine use, be disclosed to other Federal, State, and local agencies or private entities providing means-tested public benefits for use in civil action against the sponsor for breach of contract. It may also be disclosed as a matter of routine use to other Federal, State, local, and foreign law enforcement and regulatory agencies to enable these entities to carry out their law enforcement responsibilities.

### ***Reporting Burden***

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least

possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The reporting burden for this collection of information on Form I-864 is computed as follows: 1) learning about the form, 17 minutes; 2) completing the form, 22 minutes; and 3) assembling and filing the form, 30 minutes, for an estimated average of 69 minutes per response. The reporting burden for collection of information on Form I-864A is computed as: 1) learning about the form, 5 minutes; 2) completing the form, 8 minutes; 3) assembling and filing the form, 2 minutes, for an estimated average of 15 minutes per response. If you have comments regarding the accuracy of this estimates, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. **DO NOT MAIL YOUR COMPLETED AFFIDAVIT OF SUPPORT TO THIS ADDRESS.**

### **CHECK LIST**

**The following items must be submitted with Form I-864, Affidavit of Support Under Section 213A:**

#### **For ALL sponsors:**

- ☐ This form, the **I-864**, **completed and signed** before a notary public or a Consular or Immigration Officer.
- ☐ Proof of **current employment** or self employment.
- ☐ Your individual Federal **income tax returns for the most recent 3 tax years**, or an explanation if fewer are submitted. Your **W-2s** for any of the most recent 3 tax years for which you filed a joint tax return but are using only your own income to qualify. Forms 1099 or evidence of other reported income *if necessary* to qualify.

#### **For SOME sponsors:**

- ☐ *If the immigrant you are sponsoring is bringing a spouse or children, photocopies of the immigrant's affidavit of support* for each spouse and/or child immigrating with the immigrant you are sponsoring.
- ☐ *If you are on active duty in the U.S. Armed Forces and are sponsoring a spouse or child using the 100 percent of poverty level exception, proof of your active military status.*

*If you are using the income of persons in your household or dependents to qualify,*

- ☐ A separate **Form I-864A** for each person whose income you will use. A sponsored immigrant/household member who is not immigrating with a spouse and/or child **does not need to complete Form I-864A.**
- ☐ Proof of their **residency and relationship** to you if they are not listed as dependents on your income tax return for the most recent tax year.
- ☐ Proof of their **current employment** or self-employment.

- ☐ Copies of their individual Federal **income tax returns for the 3 most recent tax years**, or an explanation if fewer are submitted.

*If you use your assets or the assets of the sponsored immigrant to qualify,*

- ☐ **Documentation of assets** establishing location, ownership, date of acquisition, and value. Evidence of any liens or liabilities against these assets.
- ☐ A separate **Form I-864A** for each household member other than the sponsored immigrant/household member.

*If you or a household member or dependent has used any type of means-tested public benefits in the last 3 years,*

- ☐ **A list of the programs and dates.**

*If you are a joint sponsor or the relative of an employment-based immigrant requiring an affidavit of support, **proof of your citizenship status.***

- ☐ For U.S. citizens or nationals, a copy of your birth certificate, passport, or certificate of naturalization or citizenship.
- ☐ For lawful permanent residents, a copy of both sides of your I-551, Permanent Resident Card.

**Affidavit of Support Under Section  
213A of the Act****START HERE - Please Type or Print****Part 1. Information on Sponsor (You)**

Last Name		First Name		Middle Name	
Mailing Address ( <i>Street Number and Name</i> )				Apt/Suite Number	
City				State or Province	
Country				ZIP/Postal Code	Telephone Number
Place of Residence if different from above ( <i>Street Number and Name</i> )			Apt/Suite Number		
City			State or Province		
Country	ZIP/Postal Code	Telephone Number			
Date of Birth ( <i>Month, Day, Year</i> )		Place of Birth ( <i>City, State, Country</i> )		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number			A-Number ( <i>If any</i> )		

**FOR AGENCY USE ONLY**

This Affidavit

Receipt

☐ Meets☐ Does not  
meetRequirements of  
Section 213AOfficer or I.J.  
Signature

Location

Date

**Part 2. Basis for Filing Affidavit of Support**I am filing this affidavit of support because (*check one*):

- a. ☐ I filed/am filing the alien relative petition.
- b. ☐ I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_.  
(*relationship*)
- c. ☐ I have ownership interest of at least 5% of \_\_\_\_\_.  
(*name of entity which filed visa petition*)  
which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_.  
(*relationship*)
- d. ☐ I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

**Part 3. Information on the Immigrant(s) You Are Sponsoring**

Last Name		First Name		Middle Name	
Date of Birth ( <i>Month, Day, Year</i> )		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number ( <i>If any</i> )	
Country of Citizenship			A-Number ( <i>If any</i> )		
Current Address ( <i>Street Number and Name</i> )			Apt/Suite Number		City
State/Province	Country	ZIP/Postal Code	Telephone Number		

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number ( <i>If any</i> )	Social Security Number ( <i>If any</i> )
	Spouse	Son	Daughter	Mo.	Day	Yr.		

## Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Permanent Resident Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who *can* meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

### A. Sponsor's Employment

- I am: 1. ☐ Employed by \_\_\_\_\_ (Provide evidence of employment)  
Annual salary \$ \_\_\_\_\_ or hourly wage \$ \_\_\_\_\_ (for \_\_\_\_\_ hours per week)
2. ☐ Self employed \_\_\_\_\_ (Name of business)  
Nature of employment or business \_\_\_\_\_
3. ☐ Unemployed or retired since \_\_\_\_\_

### B. Use of Benefits

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?

☐ Yes ☐ No ( If yes, provide details, including programs and dates, on a separate sheet of paper)

### C. Sponsor's Household Size

- |                                                                                                                                                                                | <b>Number</b>      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself (Do NOT include persons being sponsored in this affidavit.) | _____              |
| 2. Number of immigrants being sponsored in this affidavit (Include all persons in Part 3.)                                                                                     | _____              |
| 3. Number of immigrants <b>NOT</b> living in your household whom you are obligated to support under a previously signed Form I-864.                                            | _____              |
| 4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year.                                                           | _____              |
| 5. Total household size. (Add lines 1 through 4.)                                                                                                                              | <b>Total</b> _____ |

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship

**D. Sponsor's Annual Household Income**

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your *own* income to qualify, list total earnings from your W-2 Forms, or, *if necessary* to reach the required income for your household size, include income from other sources listed on your tax return. If your *individual* income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

*You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.*

- ☐ I filed a single/separate tax return for the most recent tax year.
- ☐ I filed a joint return for the most recent tax year which includes only my own income.
- ☐ I filed a joint return for the most recent tax year which includes income for my spouse and myself.
- ☐ I am submitting documentation of my individual income (Forms W-2 and 1099).
- ☐ I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

**Indicate most recent tax year**

(tax year)

Sponsor's individual income

\$ \_\_\_\_\_

**or**

Sponsor and spouse's combined income  
(If spouse's income is to be considered,  
spouse must submit Form I-864A.)

\$ \_\_\_\_\_

Income of other qualifying persons.  
(List names; include spouse if applicable.  
Each person must complete Form I-864A.)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total Household Income**

\$ \_\_\_\_\_

Explain on separate sheet of paper if you or any of the above listed individuals were not required to file Federal income tax returns for the most recent 3 years, or if other explanation of income, employment, or evidence is necessary.

**E. Determination of Eligibility Based on Income**

1. ☐ I am subject to the 125 percent of poverty line requirement for sponsors.
- ☐ I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5 \_\_\_\_\_.
3. Minimum income requirement from the Poverty Guidelines chart for the year \_\_\_\_\_ is \$ \_\_\_\_\_ for this household size. (year)

**If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.**

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**Part 4. Eligibility to Sponsor (Continued)**

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**F. Sponsor's Assets and Liabilities**

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets (Subtract any debts)
Savings deposits	\$
Stocks, bonds, certificates of deposit	\$
Life insurance cash value	\$
Real estate	\$
Other (specify)	\$
<b>Total Cash Value of Assets</b>	\$ _____

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**Part 5. Immigrant's Assets and Offsetting Liabilities**

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The sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.F. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

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**Part 6. Joint Sponsors**

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If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on his or her household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

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**Part 7. Use of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility**

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Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

*I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.*



**Notice of Change of Address.**

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

*If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.*

**Means-tested Public Benefit Prohibitions and Exceptions.**

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

**Consideration of Sponsor's Income in Determining Eligibility for Benefits.**

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

*I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.*

**Civil Action to Enforce.**

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

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**Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)**

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*I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.*

**Collection of Judgment.**

*I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C 3201, a writ of execution under 28 U.S.C 3203, a judicial installment payment order under 28 U.S.C 3204, garnishment under 28 U.S.C 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.*

**Concluding Provisions.**

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct,
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

\_\_\_\_\_  
(Sponsor's Signature)

\_\_\_\_\_  
(Date)

Subscribed and sworn to (or affirmed) before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

at \_\_\_\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public or Officer Administering Oath)

\_\_\_\_\_  
(Title)

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**Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:**

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I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Daytime Telephone Number
Firm Name and Address			

## 2001 Poverty Guidelines\*

### Minimum Income Requirement For Use in Completing Form I-864

For the 48 Contiguous States, the District of Columbia, Puerto Rico,  
the U.S. Virgin Islands, and Guam:

<u>Sponsor's Household Size</u>	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child.	<u>125% of Poverty Line</u> For all other sponsors
2	\$11,610	\$14,512
3	14,630	18,287
4	17,650	22,062
5	20,670	25,837
6	23,690	29,612
7	26,710	33,387
8	29,730	37,162
	Add \$3,020 for each additional person.	Add \$3,775 for each additional person.

For Alaska			For Hawaii		
<u>Sponsor's Household Size</u>	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	<u>125% of Poverty Line</u> For all other sponsors	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	<u>125% of Poverty Line</u> For all other sponsors	
2	\$14,510	\$18,137	\$13,360	\$16,700	
3	18,290	22,862	16,830	21,037	
4	22,070	27,587	20,300	25,375	
5	25,850	32,312	23,770	29,712	
6	29,630	37,037	27,240	34,050	
7	33,410	41,762	30,710	38,387	
8	37,190	46,487	34,180	42,725	
	Add \$3,780 for each additional person.	Add \$4,725 for each additional person.	Add \$3,470 for each additional person.	Add \$4,337 for each additional person.	

### Means-tested Public Benefits

**Federal Means-tested Public Benefits.** To date, Federal agencies administering benefit programs have determined that Federal means-tested public benefits include Food Stamps, Medicaid, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and the State Child Health Insurance Program (CHIP).

**State Means-tested Public Benefits.** Each State will determine which, if any, of its public benefits are means-tested. If a State determines that it has programs which meet this definition, it is encouraged to provide notice to the public on which programs are included. Check with the State public assistance office to determine which, if any, State assistance programs have been determined to be State means-tested public benefits.

**Programs Not Included:** The following Federal and State programs are *not* included as means-tested benefits: emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start Programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

\* These poverty guidelines remain in effect for use with the Form I-864 Affidavit of Support from April 1, 2001 until new poverty guidelines go into effect in the Spring of 2002.

(Please type or print clearly)

**I certify that on the date shown I examined:**

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

**General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;**

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

**Class A Conditions**

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

**Class B Conditions**

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

**Examination for Tuberculosis - Tuberculin Skin Test**

☐ Reaction \_\_\_\_\_ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

**Examination for Tuberculosis - Chest X-Ray Report**

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

**Serologic Test for Syphilis**

☐ Reactive Titer (confirmatory test performed)

☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

**Serologic Test for HIV Antibody**

☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

**Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)**

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

**REMARKS:**

**Civil Surgeon Referral for Follow-up of Medical Condition**

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

**Follow-up Information:**

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

**Application Certification**

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

**Civil Surgeon Certification:**

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address ( please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603

**Medical Clearance Requirements  
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

\*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

\*\*Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

(Please type or print clearly)

**I certify that on the date shown I examined:**

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

**General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;**

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

**Class A Conditions**

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

**Class B Conditions**

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

**Examination for Tuberculosis - Tuberculin Skin Test**

☐ Reaction \_\_\_\_\_ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

**Examination for Tuberculosis - Chest X-Ray Report**

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

**Serologic Test for Syphilis**

☐ Reactive Titer (confirmatory test performed)

☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

**Serologic Test for HIV Antibody**

☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

**Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)**

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

**REMARKS:**

**Civil Surgeon Referral for Follow-up of Medical Condition**

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

**Follow-up Information:**

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

**Application Certification**

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

**Civil Surgeon Certification:**

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address ( please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603

**Medical Clearance Requirements  
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

\*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

\*\*Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

(Please type or print clearly)

**I certify that on the date shown I examined:**

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

**General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;**

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

**Class A Conditions**

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

**Class B Conditions**

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

**Examination for Tuberculosis - Tuberculin Skin Test**

☐ Reaction \_\_\_\_\_ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

**Examination for Tuberculosis - Chest X-Ray Report**

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

**Serologic Test for Syphilis**

☐ Reactive Titer (confirmatory test performed)

☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

**Serologic Test for HIV Antibody**

☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

**Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)**

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

**REMARKS:**

**Civil Surgeon Referral for Follow-up of Medical Condition**

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

**Follow-up Information:**

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

**Application Certification**

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

**Civil Surgeon Certification:**

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address ( please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603



**Medical Clearance Requirements  
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

\*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

\*\*Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

(Please type or print clearly)

**I certify that on the date shown I examined:**

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

**General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;**

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

**Class A Conditions**

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

**Class B Conditions**

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

**Examination for Tuberculosis - Tuberculin Skin Test**

☐ Reaction \_\_\_\_\_ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

**Examination for Tuberculosis - Chest X-Ray Report**

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

**Serologic Test for Syphilis**

☐ Reactive Titer (confirmatory test performed)

☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

**Serologic Test for HIV Antibody**

☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

**Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)**

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

**REMARKS:**

**Civil Surgeon Referral for Follow-up of Medical Condition**

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

**Follow-up Information:**

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

**Application Certification**

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

**Civil Surgeon Certification:**

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address ( please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603

**Medical Clearance Requirements  
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

\*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addiction; and chronic alcoholism.

\*\*Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.